

CJA 20 (Rev. 4/96)

APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

1. JURISDICTION 1 <input type="checkbox"/> MAG. 2 <input checked="" type="checkbox"/> DIST. 4 <input type="checkbox"/> OTHER		3 <input type="checkbox"/> APPEALS	2. MAG. DOCKET NO.	3. DIST. CT. DOCKET NO.	VOUCHER NO.
4. APPEALS DOCKET NO.		5. FOR (DISTRICT/CIRCUIT) District SD/FL	6. LOC. CODE FLSFL	7. CHARGE/OFFENSE (U.S. or other code citation)	00-06028-CR-WPD
8. IN THE CASE OF United States vs Tracey		9. PERSON REPRESENTED (FULL NAME) David G. Tracey			0859270
10. PERSON REPRESENTED (STATUS) 1 <input checked="" type="checkbox"/> DEFENDANT—ADULT 3 <input type="checkbox"/> APPELLANT 5 <input type="checkbox"/> OTHER 2 <input type="checkbox"/> DEFENDANT—JUVENILE 4 <input type="checkbox"/> APPELLEE		11. PROCEEDINGS (Describe briefly) Pre-Trial, Trial, etc.			9A. NO. REPRES. 1
12. PAYMENT CATEGORY A <input checked="" type="checkbox"/> FELONY C <input type="checkbox"/> PETTY OFFENSE E <input type="checkbox"/> OTHER B <input type="checkbox"/> MISDEMEANOR D <input type="checkbox"/> APPEAL		13. COURT ORDER O <input checked="" type="checkbox"/> Appointing Counsel F <input type="checkbox"/> Subs. for FD C <input type="checkbox"/> Co-Counsel R <input type="checkbox"/> Subs. for Retained Atty. P <input type="checkbox"/> Subs. for Panel Atty. Name of prior panel attorney			14. FULL NAME OF ATTORNEY/PAYEE (First Name, M.I., Last Name, Including Suffix) AND MAILING ADDRESS Steven Kreisberg, Esq. 3250 Mary Street, #400 Coconut Grove, FL 33133
Appt. Date _____ Voucher No. _____		15. WORK PHONE			16A. Does the attorney have the preexisting agreement (see Instructions) with a corporation, including a professional corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Because the above-named "person represented" has testified under oath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in item 14 is appointed to represent this person in this case. ► William D. Minkler Sig. of Presiding Judicial Officer or By Order of Court (Clerk/Deputy)		16B. SOCIAL SECURITY NO. (Only provide per Instructions)			16C. EMPLOYER I.D. NO. (Only provide per Instructions)
► 3/14/00 Date of Order ► 3/13/00 Nunc Pro Tunc Date		16D. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions) FILED by D.C.			MAR 14, 2000
CLAIM FOR SERVICES OR EXPENSES					
IN COURT	SERVICE		HOURS	DATES	Multiply rate per hour times total hours to obtain "In Court" compensation.
	a. Arraignment and/or Plea			CLARENCE MADDOX CLERK U.S. DIST. CT. S.D. OF FLA. FT. LAUD.	
	b. Bail and Detention Hearings				Enter total below.
	c. Motions Hearings				
	d. Trial				
	e. Sentence Hearings				
	f. Revocation Hearings				
	g. Appeals Court				
	h. Other (Specify on additional sheets)				
(Rate per hour = \$70.00)		TOTAL HOURS =			\$
OUT OF COURT	a. Interviews and conferences				Multiply rate per hour times total hours. Enter total "out of court" compensation below.
	b. Obtaining and reviewing records				
	c. Legal research and brief writing				
	d. Travel time (Specify on additional sheets)				
	e. Investigative and other work (Specify on additional sheets)				
(Rate per hour = \$50.00)		TOTAL HOURS =			\$
EXPENSES	TRAVEL, LODGING, MEALS ETC.		AMOUNT	OTHER EXPENSES	AMOUNT
					19A. TOTAL TRAVEL EXP.
					\$
					19B. TOTAL OTHER EXP.
					\$
					20. GRAND TOTAL CLAIMED
					\$
21. CERTIFICATION OF ATTORNEY/PAYEE FOR PERIOD _____ TO _____					
F <input type="checkbox"/> Final Payment I <input type="checkbox"/> Interim Payment No. _____ Has compensation and/or reimbursement for work in this case previously been applied for? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, by whom where you paid? _____ How much? _____ Has the person represented paid any money to you, or to your knowledge to anyone else, in connection with the matter for which you were appointed to provide representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. _____					
I swear or affirm the truth or correctness of the above statements ►					
SIGNATURE OF ATTORNEY/PAYEE					
APPROVED FOR PAYMENT	22. IN COURT COMP.	23. OUT OF COURT COMP.	24. TRAVEL EXPENSE	25. OTHER EXPENSES	26. TOTAL AMT. APPROVED/CERT.
	\$	\$	\$	\$	\$
	27. SIGNATURE OF PRESIDING JUDICIAL OFFICER			DATE	27A. JUDGE/MAG. CODE
	28. SIGNATURE OF CHIEF JUDGE, CT. OF APPEALS (OR DELEGATE)			DATE	29. TOTAL AMT. APPROVED